DOCUMENT RESUME

ED 249 674 EC 170 470

AUTHOR Walker, Margaret
TITLE Makaton in the 1980's.
PUB DATE 84
NOTE 21p.; In Communication Problems of the Mentally Handicapped. Occasional Paper No. 28; see EC 170 469. Light, broken type may affect reproducibility.
PUB TYPE Speeches/Conference Papers (150) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Communication Skills; Disabilities; *Mental Retardation; *Sign Language
IDENTIFIERS *Makaton Vocabulary

ABSTRACT

The paper examines the use of the Makaton Vocabulary, a language program designed to provide a controlled method of teaching approximately 350 signs from British Sign Language with speech, to mentally handicapped and other language handicapped persons. The approach stresses two-way functional communcation using a core of basic words. Extension of the program to other types of disorders is noted, and success is claimed in terms of language and concept development as well as in increased eye contact, attention, and sociability. Observations about possible reasons for the success of the Makaton approach are suggested. Appendixes list the Makaton Vocabulary, and chart and list the organization for the Makaton Vocabulary Development Project. (CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

- Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

P.T. Cullhane

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

ED249674

MAKATON IN THE 1980'S

MARGARET WALKER (Director, Makaton Vocabulary Development Project, and Research Speech Therapist, Psychiatry of Mental Handicap, St George's Hospital Medical School, University of London)

Surveys carried out over the past five years by the Thomas Coram Research Unit into the use of signing and symbols in schools for children who are mentally handicapped throughout the UK, have shown that the Makaton Vocabulary is extensively used.

THE USE OF THE MAKATON VOCABULARY

From: Signs and Symbols, Thomas Coram Research Unit Surveys, 1978, 1979, 1980, 1982 by Jones, Reid and Kiernan

RESULTS FOR ESN(S) SCHOOLS

	1978	1979	1980	1982
MAKATON	70.3%	81.2%	91.2%	95.0%
PCSS	27.9%	16.0%	4.8%	3.7%
AMERIND			0.3%	
BSL	1.8%	4.0%	2.4%	1.3%
OTHERS			1.3%	
No of samples			330	457
% using signing system	53.1%	90.9%	80.5%	98.9%
Countries in survey		ENGLAND WALES		ENGLAND WALES SCOTLAND

Obviously, these results only cover the special schools' population and therefore do not include any information on the further widespread use of the Makaton Vocabulary in hospitals, like, eg Turner Village; Adult Training Centres; Pre-School Units and in the actual homes of children and adults who are mentally handicapped. Since 1978, thirty thousand people including parents and workers from the caring, teaching and therapeutic professions in mental handicap have attended Makaton Vocabulary Workshops and Training Courses.

EC 170 470

Makaton is also being used abroad. It has been used since 1976 in New South Wales, Australia and interest is now growing across that continent. In 1982 the Makaton Vocabulary New Zealand Resource Centre was established and Makaton is steadily being introduced throughout that country. There is also keen interest in the scheme from the United States, Hong Kong, South Africa, Belgium, Norway and Holland.

Why has this happened?

What does Makaton offer mentally handicapped children and adults, their families, teachers and caregivers?

Why has a simple piece of clinical work devised by the author of this paper over ten years ago when she was working as a Speech Therapist in a large Surrey Hospital for the mentally handicapped, been so widely accepted and used?

Let us take a closer look at some of the issues involved -

Let us look first at the communication and language development problems of children and adults who are mentally handicapped, and then let us consider the difficulties that these present for their parents, and to their teachers, speech therapists and caregivers who wish to help them to achieve a quality of life which is appropriate, even if the person is extremely limited in ability. To help achieve this, some means of two way communication whether it be by eg touch, gesture, signs, symbols or speech, is essential. It is well known that children and adults who are described as being mentally handicapped present a wide variety of communication difficulties and language development problems. These vary from individual to individual, in severity and complexity and each person presents a unique combination.

It is possible though to identify, common areas of learning difficulty which affect communication and language development and are well known to most of us. We know, that all learning processes will be affected - if there is a reduction in general awareness and if our perceptual abilities are impaired. This will also apply, if memory is limited and if there is a restriction in the amount of information that can be retained. These problems will not only impose limitations but will delay and impede the development of other abilities dependent of them. For example, the ability to make and form associations and to interpret relationships between people, objects and events will be impaired, as will the ability to store the experiences we have, to classify them, and retrieve them to expand on later experiences.

If these learning problems are applied to the early stages of the development of communication and language then the difficulties we encounter are understandable. Our understanding has been further increased by the information gained in the late 1970s and more recently, from Psycholinguistic Studies of very

early mother-infant communication. These are providing information to describe an activity that has always existed between the mother and infant but was not studied in such detail before. These studies are showing that from birth the infant and mother are constantly engaging in two way, turn taking, reciprocal behaviour involving the most basic forms of human communication, eg through touch, pointing and gesture; vocal play, particularly the use of intonation, stress, and pauses and speech; eye contact and the use of gaze. This is the starting point of communication and language development. It has been shown to be a two way process where each player, ie the mother and infant needs the other, in order to reinforce and stimulate. To begin with, the interaction is entirely wrapped around the mother and infant and the simple routines of caring for a young baby, then gradually as the baby matures, the mother invites and encourages the child to widen his experience to encompass their shared environment. The mother interacts with the child about these new experiences, describing them, repeating and reinforcing them. During this time the mother uses non-verbal and verbal communication which she adapts to match the child's level of understanding and then expands it sensitively to develop her baby's ability. These skills that mothers inherently have, have become known as 'motherese'.

If we relate these studies to the development of communication to children and adults who are mentally handicapped, we realise that the possible implications are considerable and far reaching. The acknowledged learning difficulties which I described earlier, eg reduced general awareness and perception, restricted memory and retention ability, together with delayed maturation of physical milestones, eg sitting, walking, etc have a detrimental effect on the mother-infant interaction, related to the infants degree of handicap. Already there are suggestions that if the mentally handicapped child's interaction with the mother is impaired, then the mother's, (or caregivers), own natural patterns of communicative behaviour within the interaction may alter when she is not reinforced appropriately by the child. Not only then does the mentally handicapped person's communication and language development suffer, but the essential two way communicative interaction between mother (caregiver) and child is also at risk (Cunningham 1983).

So far I have only referred to the development of communication in the young mentally handicapped child, but the possible effects of the lack of or the reduction in experience of this early communicative interaction has equal significance for the older child and adult who is mentally handicapped.

How do parents, caregivers and professional workers attempt to restore what may have been lost, or how do they compensate for what may have been an incomplete experience? Is it possible to identify exactly where and what went wrong and when? Do the current assessment procedures provide adequate detail to indicate what is needed? And are the interpretations being made about

this descriptive data and exploratory research into mother-infant communication sufficiently reliable to be the basis for methods of remediation?

For one moment I would like you to think of some of the children and adults in your care or training. Residents in large hospitals for people who are mentally handicapped, like those in Turner Village Hospital, children and adults like those who visit Project Horizon, children in community schools, adults in ATCs, children and adults living at home. If you think about it then you will agree that their very early communication experience, by nature of their handicaps and circumstances, must cetainly have been impaired.

When I began work on the Makaton Vocabulary in the early 1970s, I obviously did not have access to these studies on mother-infant interaction, since the information did not exist then, but many of the factors emerging now as important influences in the development of communication and language from these studies, seem to me to be within the design of the Makaton Vocabulary language programme, and the combination of signs and speech taught within the structure of the Makaton Vocabulary appears to be unique.

The Makaton Vocabulary (Appendix 1)

The Makaton Vocabulary is a language programme comprising a specific, developmental vocabulary which was designed to provide a controlled method of teaching approximately three hundred and fifty signs from British Sign Language with speech, to mentally handicapped children and adults who have little or no speech and other language handicapped people in order to provide a basic means of communication; to encourage expressive speech wherever possible and to develop understanding of language through the visual medium of the signs and the logical structure of the sign language (Walker 1978).

It was not part of a large scale research project, but resulted from a response to a clinical need in a working environment. The original vocabulary was devised in 1972, as a project to teach sign language to deaf mentally handicapped adults (Walker 1977). It was revised in 1976, to meet the needs of mentally handicapped children living in the community as well, and it is this version which is currently in use.

The Structure of the Makaton Vocabulary

When I was contemplating the use of signing with speech to encourage communication in mentally handicapped people, I was excited by what looked like a possible breakthrough with the use of the signs, but I felt strongly that the signs and speech should be introduced in an organised manner, and that a structured vocabulary was the possible answer. Mothers of young

children, although they introduce vocabulary that is specific and meaningful for their own family and the individual child, still express basic needs and early communication within a fairly restricted narrow vocabulary (Armfield 1982), so I decided deliberately to devise a limited restricted vocabulary.

Points that Influenced its Design

1 It should be a 'core' vocabulary of heavy duty words, simple to learn and basic for early communication.

2 It should be deliberately limited in size to keep memory loading and retention light.

3 Words/signs chosen should wherever possible be multi-functional and should combine together, so that phrases and small sentences could be formed from words used earlier as single words, again reducing memory loading.

4 The vocabulary should be presented in a developmental sequence, so that easy concepts are presented first and more difficult ones later. This would enable a handicapped person to work through the vocabulary as far as their ability allowed them.

Recently it has been suggested that mentally handicapped children's language acquisition does not follow normal development. In view of their impaired early communicative interaction might it not be that these observational studies are showing effects of this and that remediation should adhere to normal development to provide a goal?

5 The two-way functional communication process was built implicitly into the scheme, so that each stage contained vocabulary not only for the handicapped person but reciprocal and facilitating signs/words for their partner(s) to use to permit a two way communication activity to develop and be enjoyed, eg what? where? yes? no? This was essential, since no one communicates alone.

Recently psycholinguistic theory has been applied to the design of the Makaton Vocabulary Language Programme (Armfield 1982) and the vocabulary is shown to contain almost all the psycholinguistic features of early mother-infant interaction.

6 Another reason for using a defined 'core' vocabulary was to provide a framework against which targets could be set and progress could be charted.

7 Consideration of individual personal needs is allowed for by being able to introduce additional essential vocabulary into any appropriate stage of the vocabulary and by being able to choose within each stage the sequence of signs to be introduced or taught within that stage. The signs do not have to be taught straight through down the list for each stage as printed, and

signs/words not appropriate or outside a person's experience, eg 'nurse and doctor' for a child living at home and attending community school may be omitted.

Whilst it may seem more appropriate to design a vocabulary around a handicapped person's own personal communication needs to increase motivation, it is difficult to do this in practice. The risk of inconsistent use and the difficulty in managing to remember individual differences for workers caring for groups of handicapped people, when individual vocabularies are used outside a one to one or narrow environment is very great. It may be better to accept a small compromise and offer a standard 'core' vocabulary which suits more general needs of a group and which can be more generally learnt and consistently used.

Teaching Methods

Specific teaching approaches are recommended and the vocabulary stages of signs/words should be taught in:

1 a structured formal manner to handicapped people so that they will be able to gain maximum comprehenison and encouragement to use the sign/words in functional communication and then signs taught must be used in:

2 an informal manner to generalise use

Each stage should be taught in sequence and adherence to the vocabulary within stages is recommended with the exception of the introduction of additional vocabulary items.

Running parallel with the teaching of single vocabulary items should be the opportunity for the child/adult to experience the use of the same signs that they have learnt as single items in small meaningful phrases and sentences. This vocabulary expansion into other language forms is taught and encouraged, right from stage one- the simple beginnings of the vocabulary.

The Project's Training Committee and Regional Representatives network is continually monitoring, refining and reseaching with different teaching approaches to suit individual and group needs. Details of these are available by attending Makaton Vocabulary Workshops and Training Courses.

Signs Used

Sign language is the cultural language of the deaf community and it should be regarded as a full language with its own grammar, syntax and dialects as we regard, eg French or Russian as unique languages. It does not follow spoken word order, since it is not a translation of spoken language but a language in its own right. Sign Language was not devised by anyone; it evolved through sign use by the deaf themselves over centuries, in the

same way as spoken language has through usage.

Prelingually deaf people all over the world will use Sign Language so there is eg British Sign Language (BSL); American Sign Language (ASL); French Sign Language (FSL); etc. Cultural differences occur between countries, but the underlying structure is similar.

Facial expression, appropriate to body language, gesture and mime also feature a great deal with Sign Language and are an essential part of the communication. There are not strict rules as regards the precise performance of the signs, eg the actual size of the sign or the distance from the body. These details are dictated by the needs of the message to be conveyed. This flexibility is a great advantage for handicapped people. Also the ideographic nature of many of the signs conveys meanings easily.

Signing English is a systematised attempt by hearing and deaf people to provide a linguistic signing equivalent to spoken language. Sometimes signs are combined with finger spelling and speech and in some Signed English teaching programmes, the objective is to be able to provide a sign vocabulary representing all the components of spoken language.

The Makaton Vocabulary assumes a midway position. It uses key signs from the Sign Language of the Deaf and utilises some of the performance features, eg facial expression, body language, use of placement, directionality, etc. It presents these key signs in spoken word order so that it provides a Signed English framework. Thus if a handicapped person is successful on Makaton and continues to have a high dependence on signing he/she can progress to a fuller Signed English programme. The tendency to favour Signed English rather that a British Sign Language framework was no reflection on one being more superior to the other, but because the objective of a Makaton Vocabulary programme is to encourage speech and therefore signs presented in spoken word order seem more appropriate.

Throughout the UK the south east/London dialect is used with the system. It was necessary to standardise the dialect to reduce confusion for the intellectually handicapped people using the scheme.

The Use of the Makaton Vocabulary (Walker and Armfield 1981)

The 1976 Revised Makaton Vocabulary is now in use with:

1 Mentally handicapped deaf and non-deaf children and adults who have little or nor expressive speech and poor comprehension. Makaton may be used across the entire age and intellectual range. Research is now showing the effective use of Makaton with young Down's babies (Le Prevost 1983)

2 Children and adults who are both mentally and physically handicapped

3 Those considered to be autistic

4 Some young deaf children in the ordinary range of intelligence

5 Children with severe articulation or speech rhythm problems who need a temporary alternative

6 Certain normal adults with acquired communication problems

More recently Makaton has been reported to be of value with two more handicapped groups:

7 Blind and partial sighted children and adults

8 With psychiatric cases where language and communication is impaired

Experience has shown that in addition to the development of concepts and language other positive results can occur. These are reported to be increased:

- eye contact
- attention
- sociability
- vocalisation, and
- expressive speech.

A marked reduction in inappropriate behaviour is also reported. For those with severe communication impairments, signing can stimulate rather than interfere with language development. These positive side effects fall into a pattern that cannot be easily explained but do raise questions about the use of attention focussing devices as they relate to concept development and the contribution that a communication priority system such as Makaton can make to general language development.

Those who teach and use the system include speech therapists, teachers, occupational therapists, psychologists, parents, instructors, and social and/or hospital staff. They are provided with training in One Day Workshops.

The Makaton Vocabulary Development Project (MVDP) (Appendix 2)

Like the Makaton Vocabulary itself the MVDP grew from a need. In this case the need to support and offer a service to parents, and workers using the Makaton Vocabulary with children

and adults who are handicapped.

It is a non-profit making organisation, which has very recently become Charity. It has always operated on slender financial means with a tremendous voluntary contribution being made by the Project Co-Ordinator, Training and Research Committee Members, and Regional Representatives. Through the MVDP, Workshops, Training Courses, lectures, related publications and teaching material are provided.

The Training Committee and Regional Representatives network are continuously monitoring current training methods and new ideas and approaches. There are three signing advisors on the Training Committee, who work regularly with the deaf community. Their role is to advise on the use and maintenance of signing standards of the Regional Representatives and within the MVDP Training Courses. The Research Committee also acts in a monitoring capacity. Arising from the need to keep the MVDP Regional Representatives, who are all practitioners, in touch with research, has been the production, since 1980, of the MVDP Research Information Service. This provides practitioners with detailed information, which is continuously updated, of all related research projects. A summary of each paper, indicating clinical and educational application is given. This Service is issued as a publication to anyone wishing to purchase it from the MVDP. Current and future projects involve:

- an evaluation of the use of symbols with Makaton;

- an investigation into the value and use of the Makaton Vocabulary as an aid to teaching reading;

- an evaluation of current assessment procedures and their appropriateness to non speech systems;

- the establishment of a data bank to collect information via the Regional Representatives network into the language acquisition of handicapped people and the most effective teaching methods;

- the establishment of national parent groups linked to Regional Representatives to provide exchange of information and needs.

The address is:

MAKATON VOCABULARY DEVELOPMENT PROJECT
31 Firwood Drive, Camberley, Surrey
Project Tel: Camberley (0276) 61390
Admin Secretary: Farnborough (0252) 513607

Summary - What Makes Makaton so Effective? (Walker and Armfield 1981)

Some observations on the Makaton system can be made:

1 Makaton appears to be the only alternative communication system which has been divided into 'developmental stages'. Other lexicons have been studied and/or prepared, but Makaton provides a set of lexicons organised in stages which are increasingly complex.

2 The vocabulary provides a guide for even the most experienced language development teacher or therapist - as well as for those new to vocabulary development - to deciding on priorities in developing communication and it also offers a guide to planning and measuring progress. The stages suggest a realistic and economic limit on vocabulary instruction attempted in a sequence for children with very limited abilities, while the freedom of choice within the stages allows for as much creative judgement as the instructor wishes.

3 The range of vocabulary has been carefully chosen so that as the concepts are learned they can be used to connect and combine into two or three words sentences and longer. This design feature is present from the earliest stage and throughout the entire vocabulary.

4 A source of frustration for many who wish to explore sign language as an alternative means of communication is that initial training requires weeks of study before an adequate vocabulary is acquired. This is not so with the Makaton Vocabulary because the graded stages permit communication to begin immediately at the most basic level.

5 It is a potential guide for using alternative communication systems other than BSL for persons with severe communication impairment. Symbol, picture and other alternative communication systems usually rely solely on the judgement of the teacher/therapist for selection of the vocabulary to be taught. Makaton provides a guide for selecting vocabulary - especially initial vocabulary.

6 Because the system is widely used throughout the United Kingdom, it offers an exceptional opportunity for collecting data on the language development of persons with severe communication impairment. Extensive data gathering could provide information pertinent to learning more about the teaching and acquisition of normal language development.

Finally, the growth of the Makaton Vocabulary has been very rapid and we have in this country now a situation where clinical practice has raced ahead of research practice. It is therefore not surprising that there should be some criticism. It would be unhealthy had there not been any.

We must look realistically at this current position. Practitioners, eg teachers, speech therapists, nurses, and parents, are intensely aware that time and early intervention are of the greatest importance to try to improve the quality of life for children and adults who are mentally handicapped and with whom they are closely involved. They cannot therefore easily accept that they must wait for substantial and detailed research to be completed. Also the detail and quality of research data required has not been started yet and would involve the pooling of financial and professional resources.

Could I therefore make an appeal for a closer working relationship between Researchers and Practitioners, and a greater mutual respect for the contribution that each may offer the other and ultimately the handicapped child or adult.

Bibliography

Armfield, A 1982. 'Applying Psycholinguistics When Planning Alternative Communication for Persons with Severe Communication Impairment'. Unpublished paper - available from: Makaton Vocabulary Development Project, 31 Firwood Drive, Camberley, Surrey

Cunningham, C 1982. Down's Syndrome: An Introduction for Parents Souvenir Press: (Educational and Academic) Ltd, Human Horizons Series

Le Prevost, P A 1983. 'Using the Makaton Vocabulary in Early Language Training' Mental Handicap Vol II, No 1

Reid, B, Jones, L and Kiernan, C C 1983. Special Education: Forward Trends Vol 10, No 1, Research Supplement

Walker, S 1977. 'Teaching Sign Language to Deaf Mentally Handicapped Adults' (a practical account and an experimental evaluation). In IMS Conference Proceedings 3, Language and the Mentally Handicapped Kidderminster BIMH, pp 3-25

Walker, M 1978. 'The Makaton Vocabulary'. In Tebbs, T (Co-ordinator) Ways and Means Basingstoke: Globe Education on behalf of Somerset Education Authority

Walker, M (ed) 1980. MVDP Research Information Service Vol 1 and Vol II, Makaton Vocabulary Development Project, Camberley, Surrey

Walker, M and Armfield, A 1981. 'What is the Makaton Vocabulary?' Special Education: Forward Trends Vol 8, No 3

APPENDIX 1
The Makaton Vocabulary

STAGE ONE

Mummy (Mother)
Daddy (Father)
Brother
Sister
Nurse
Doctor

Drink (Cup)
Biscuit
Dinner

Toilet
Bed
Chair
Table
House (Home)
Car (Bus)

I (Me)
You

Where?
What?
Here
There

To sleep (Bed)
To drink (Cup)
To eat (Food)
To look (See)
To stand-up
To sit
To wash
To bath
To go
To come
To give

Good (OK) (Hello)
Bad (Naughty)

Yes
No

Please (Thank you)

Good morning
Goodbye

STAGE TWO

Man
Lady
Boy
Girl
Baby (Doll)

Bread
Butter
Egg
Milk
Tea
Sugar
Cake
Jam
Ice-cream

Door
Window
Fire (Heating)
TV
Lamp (Light)
Telephone

Dog
Cat
Bird

Tree
Flower

Knife (Cut)
Fork
Spoon
Plate

Book
Teddy
Bricks
Ball

And

Hot
Cold

Clean
Dirty

STAGE THREE

Sweets
Cigarettes
Apple
Orange
Banana

Fish
Rabbit
Horse
Cow
Pig
Sheep
Butterfly

Boat
Train
Aeroplane
Bicycle

To have
To walk
To run
To kick
To dig
To ride (Horse)
To jump
To climb
To swim
To fall
To shave
To brush hair
To brush teeth

Big
Small

More

Up
Down

My (Mine)
Your (Yours)

Sorry

Now

STAGE FOUR

Teacher
Boss
Friend
Children

Name

School
Work
Outside
Cupboard

Pen (Pencil)
Paper
Scissors (Cut)
Picture
Sand
Water
Thread (String)
Paint
Key
Box

Toput
To make/do
To sew
To cook
To sing
To play
To know
To think
To work
To read
To write (Draw)
To paint
To teach
To build
To break

We (Us)
They (Them)

In
On
Under

STAGE FIVE

Priest
Milkman
Postman
Policeman
Fireman

Church
Shop
Road
Garden
Fire (Blaze)
Post-box

Money
Bag (Carry)
Letter (Stamp)
Time (Watch)

To carry
To throw
To catch
To stop
To help
To like
To want
To quarrel

Quick
Slow
Happy (Pleased)
Sad (Miserable)
Difficult (Hard)
Easy (Soft)

Strong
Heavy
Clever
Angry
Frightened

To be patient
Mistake
Trouble (Matter)

But

STAGE SIX

Country
Town
Sea
Cinema

Holiday

Colour
Red
Blue
Green (Grass)
Yellow
Black
White
Brown
Orange

To begin
To finish
To bring
To ask
To speak
To listen
To be able (can)
To forget
To grow

Same
Different

New
Old

Beautiful
Smart
Nice
Kind

Ours
Theirs

Another

With

Who?
Which?

STAGE SEVEN

Numbers 1-10

How much?
How many?
How old?

Many (A lot)
Some (Few)

Time (Hour)
To-day
To-morrow
Yesterday
Next week
Next year
Last week
Last year
Long time ago
Saturday
Sunday
Night
Day

When?

Always
Again
Late
Early

Before
After

Wages

To buy
To save

Sun
Rain
Wind
Snow
Stars
Moon
Sky

Careful
Expensive (Pain)

STAGE EIGHT

To choose
To win
To dance
To find
To understand
To remember

Birthday
Christmas

Party
Parcel
Balloons
Photograph
Camera
Mirror
Radio
Newspaper

Sandwich
Beer
Sausages
Meat
Potato
Bacon
Cheese
Coffee
Tomato

First
Last
Next

Over
Through
Near (Close)
Between

Lucky
Hungry
Thirsty
Worried

Really (True)

Why?
Because

STAGE NINE: ADDITIONAL VOCABULARY

Handicap
Deaf
Dumb
Blind

Specific
Medicine
Tablet
Injection
Operation
Sick
Ill
Pain
Dead
Hearing aid
Spectacles
Wheelchair
How are you?

People
Soldier
Sailor
King
Queen
Farmer
People
God (suggest, sign Jesus)

Clothing
Mimed

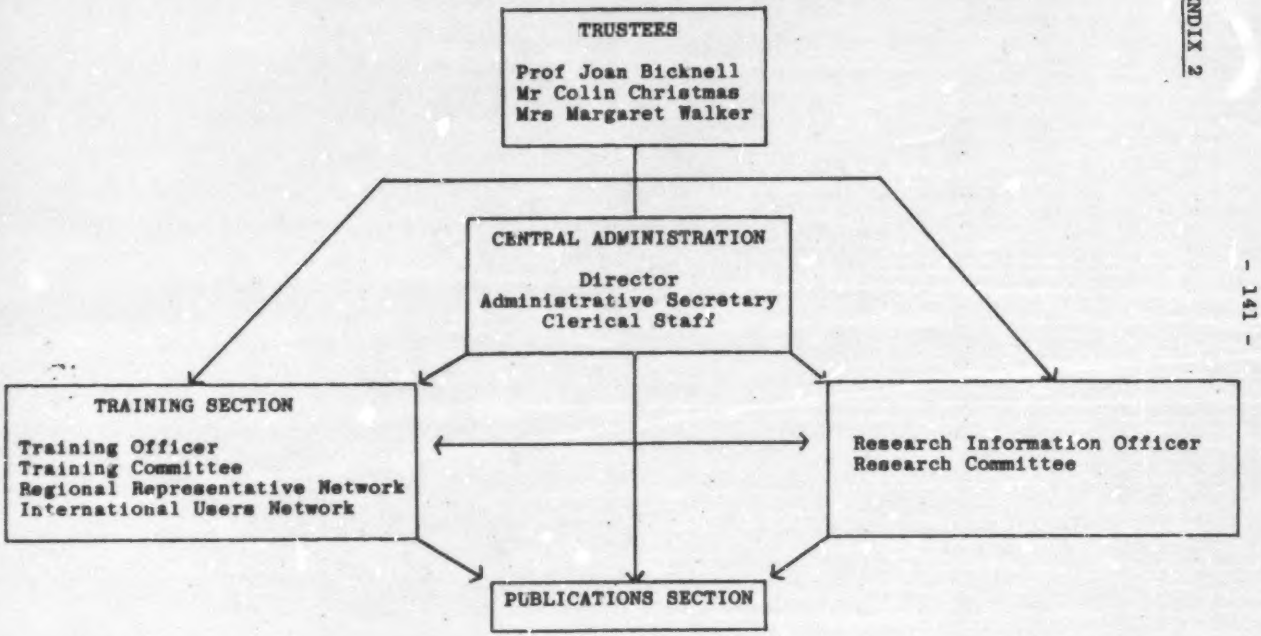
Parts of the Body
Mimed

Names:
For family or close acquaintance, often the initial letter of the name is finger spelt, or some noticeable feature, eg little boy - spectacles is signed.

Rooms:
No specific signs for rooms, eg classroom, bathroom, but the deaf sign the verb eg to bath conveys bathroom, to cook conveys kitchen, for classroom suggest school.

APPENDIX 2

CURRENT MAKATON VOCABULARY DEVELOPMENT PROJECT ORGANISATION



REGIONAL REPRESENTATIVES - Representatives at Training Committee Level

Margaret Walker, Research & Clinical Speech Therapist

John Muldoon	West Yorkshire)	
Pat Schofield	North Yorkshire)	
Richard Toogood	North Yorkshire)	
Virginia Blackoe	South Yorkshire)	
Jean Potter	South Yorkshire)	
Camilla Stuart	North Humberside)	
Ruth Goodwins	South Humberside)	
Peggy Inghams	South Humberside)	
Judith Ebbatson	South Humberside)	NE England
Julie Lawson	Cleveland)	
Lorraine Herring	Cleveland)	
Graham Bayliss	West Yorkshire)	
Judith Young	Kirklees)	
Paul Smith	Northumberland)	
Alice Logie	Tyne & Wear)	
Diane Pearson	Tyne & Wear)	
Sue Rothwell	Durham)	
Sylvia Thompson	Belfast)	
Miriam Kee	Londonderry)	N Ireland
Alan Forster	Antrim)	
Dorothy Dean	Co Antrim)	
Glenda Wheelton	Argyll & Clyde)	
Monica McTurk	Dumfries & Galloway)	
Jean Smith	Fife)	
Irene Liggatt	Grampian)	
Jan Mitchell	Tayside)	
Alison Dollar	Lothian)	
Elenor Birkett	Stirling)	Scotland
Margaret McAuslen	Strathclyde)	
Nanette von Mehren	Strathclyde)	
Marion Thomson	Grampian)	
Pat Strutt	Tayside)	
Liz Hodgson	Tayside)	
Beverley Reynolds	Grampian)	
Mig Coupe	Tayside)	

Gloria Packwood, Teacher in Charge, Communication Unit, Birmingham

Sue Cousins	Walsall
Mary Anderson	Birmingham
Felicity Parsons	Sandwell
Phillipa Rooke	Dudley
Jill Slater	Wolverhampton
Paul Thomas	Birmingham
Simone Taylor	Sandwell
Barry Carpenter	Warwickshire
Pat Trotman	Shropshire

Pat le Prevost, Chief Speech Therapist, Mental Handicap, Oxford

Jill Burnham	Oxfordshire
Anne Warren	Oxfordshire
Margaret Parker	Berkshire
Peggy Pritchett	Berkshire
Caroline Mathiason	Hertfordshire
Ann Squirrell	Hertfordshire
Jenny Burnett	Buckinghamshire
Susan Pesic-Smith	Leicestershire
Carol Gill	Leicestershire
Linda Hiscott	Bedfordshire
Caroline Knight	Northamptonshire

Ann Millington, Deputy Head of Occupational Therapy Dept, Surrey

Beth McCaig	Norfolk
Jill White	Suffolk
Sally Austin	Essex
Ann Northover	Essex
Sue Lyon	Cambridgeshire
Jean Barker	Cambridgeshire
Barbara Hollis	Lincolnshire

Christine Hope, Chief Speech Therapist, Avon

Elspeth Tait	Cornwall
Pat Canty	Devon
Janet Huddy	Devon
Erica Crutchley	Somerset
Christine Jenkins	Wiltshire
Elizabeth Fox	Dorset
Joyce Emerson	Avon
Lesley Stevens	Avon
Esther Thomas	Somerset
Pat Peters	Wiltshire
Geraldine Cooper	Dorset

Lynda Matthews, Training Officer, Gloucester

Heather Scott	Bury	)
Bernadette Rice	Lancashire	)
Elizabeth Bennett	Lancashire	)
Vincenzio Avilia	Lancashire	) NW England
Mervyn Whalley	Lancashire	)
Ann Howard	Cheshire	)
Rosemary Burslem	Cumbria	)
Patrick McKiernan	Isle of Man	)
Sandra Rudd	Nottinghamshire	)
Rosanne Dart	Nottinghamshire	)
Pat Buxton	Nottinghamshire	)
Eleanor Bird	Nottinghamshire	) Trent
Diane Pike	Derbyshire	)
Caroline Pickstone	Sheffield	)
Alex Jones	Lincolnshire	)
Bronwen Carless	Hereford & Worcester	)
Jill Holding	Dyfed	)
Tricia Howard-Jones	Dyfed	) Wales
Liz Turner	Gwynedd	)
Sally Eakins	West Glamorgan	)

Mary Mountain, Senior Speech Therapist & Fay Thomson, Lecturer, both Surrey

Jessamy Knott	Camden & Islington
Cathy Constable	Kensington, Chelsea & Westminster
Beverley Dawkins	Brent
Edna Collings	Surrey
Sue Ashby	Ealing, Hammersmith & Hounslow
Sue Charlton	Ealing, Hammersmith & Hounslow
Robert Spence	Ealing, Hammersmith & Hounslow
Anne Chapman	Surrey
Sue Mitchell	Surrey
Fiona Hendry	Surrey
Lynda Rider	Waltham Forest
Carole Edmondson	Hillingdon
Keith Parks	Bromley
Pat Broughton	Wandsworth, Merton & Sutton
Margaret Faultless	Surrey
Frances Walker	Wandsworth, Merton & Sutton
Bartara Wealthy	Barnet
Valerie Knight	Hampshire
Rosemary Lester	Hampshire
Jane Holland	Hampshire
Louise Broome	Hampshire
Kathy East	Hampshire
Renee Henderson	Hampshire
Ann Brookes	Hampshire
Sarah Norman	East Sussex
Jill Mills	East Sussex

Wendy Thompson	East Sussex
Helen Bradley	West Sussex
Jane MacDonald	West Sussex
Sue Wright	Kent
Janet Young	Kent